

Exhibit 8

Reference #

Status

Login Username

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Introduction

You are being mailed this questionnaire because you were a patient of Dr. Akoda. The purpose of this questionnaire is to help us understand how you may have been affected by your experience as his patient. There are no right or wrong answers. Some of these questions may feel uncomfortable, but please answer as best you can.

Although the questionnaire may seem long, it should not take you more than about 10 minutes to complete.

1. Questions about meeting Dr. Akoda and the experience of being his patient.

1a. How did you become Dr. Akoda's patient?

Walked into clinic

Found name on list of doctors

Went to see other doctor in practice but saw Dr. Akoda instead.

I was referred by another doctor

I was referred by a family member or friend

Other:

1b. Where did you see Dr. Akoda?

Jersey Shore Medical Center (JSMC)

Howard University Hospital

Prince George's Hospital Center

At the medical practice of Dr. A.G. Chaudry

At the medical practice of Dr. Javaka Moore

Other

1c. During which of the following years did you see Dr. Akoda? (Check all that apply)

Before 2008

2008

2009

2010

2011

2012

2013
2014
2015
2016
I don't remember

1d. About how many times did you see him?

One time
2-5 times
More than 5 times

1e. What types of visits did you have with him? (Check all that apply)

Routine annual gynecological checkups
Prenatal, delivery, and postnatal obstetric visits
Surgery
Visits for other medical care

2. Questions about your relationship with Dr. Akoda

2a. Did you trust Dr. Akoda?

Yes
No

2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply)

It was just something about him
He was rude
He made sexual comments
He hurt me
Pelvic exams were too long
Other

2c. If you answered no to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply)

It was just something about him
He was rude
He made sexual comments
He hurt me
Pelvic exams were too long
Other

2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'?

Yes
No

3. Questions about Dr. Akoda's gynecological examination.

3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him?

Positive (e.g., Liked Dr. Akoda's practice)

Neutral (e.g., No difference)

Negative (e.g., he was more rough, longer exams, sexual talk and/or touch)

3b. How did his breast examination compare with other doctors' exams before/after you saw him?

Positive (Liked Dr. Akoda's practice)

Neutral (No difference)

Negative (Dr. Akoda more rough, insensitive, longer exams, sexual talk and/or touch)

3c. Was there always a nurse or chaperone in the room during pelvic examinations?

Always

Sometimes

Never

I don't know or remember

3d. Did she stay throughout the examination?

Always

Sometimes

Never

I don't know or remember

3e. Was she standing in a place where she could see the pelvic examination?

Always

Sometimes

Never

I don't know or remember

3f. Did Dr. Akoda ever perform a pelvic exam without using gloves?

Always

Sometimes

Never

I don't know or remember

3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care?

Yes

No

I don't know or remember

3h. Did you ever feel sexually aroused or have an orgasmic response to the examination?

Yes

No

I don't know or remember

4. Questions about other unusual behaviors

4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed?

Yes

No

I don't know or remember

4b. Did anything ever make you feel uncomfortable in the office during or after the exam?

Yes
No

4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors?

Yes, more painful
Yes, less painful
No

4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate?

Yes
No
I don't know or remember

4e. Did you ever consider changing doctors?

Yes
No
I don't know or remember

4f. Did you tell anyone about things he said or did that were inappropriate?

Yes
No

Yes (please indicate who you told. Check all that apply)

I told a nurse or other healthcare provider
I told an administrator
I told another doctor
I told a family member
I told a friend
I told someone else

No. (below, please indicate why you didn't tell anyone. Check all that apply)

I was embarrassed
I felt ashamed
I didn't think anyone would believe me
I didn't know what to do
Other

5. Questions about how you learned about the charges against Dr. Akoda

5a. How did you first learn that charges were made against Dr. Akoda?

I heard about it on the radio
I read about it in the newspaper
I saw something about it on TV or the internet
A friend told me she had heard or seen one of these announcements
I received a call from a health care professional
Other:

5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply)

Neutral
Shocked
Angry
Betrayed
Sad
Other:

5c. If you are upset about what Dr. Akoda did, why? (Check all that apply)

I feel that he betrayed my trust.
I think he may have hurt me physically
I think he performed unnecessary procedures on me
I worry that he may have hurt my baby
I am not upset about what he did

6. Impact of your experience with Dr. Akoda on your mental and physical health.

6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?

Yes, before I learned of the charges against him.
Yes, only after I learned of the charges against him
Yes, both before and after I learned of the charges against him.
No

(If you answered no to question 6a, skip to question 6c)

6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real?

Yes
No

6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty?

Yes, before I learned of the charges against him.
Yes, only after I learned of the charges against him
Yes, both before and after I learned of the charges against him.
No

(If you answered no to question 6c, skip to question 6e)

6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda?

Yes
No

6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda?

Yes, before I learned of the charges against him.
Yes, only after I learned of the charges against him
Yes, both before and after I learned of the charges against him.
No

(If you answered no to question 6e, skip to question 6g)

6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda?

Yes
No

6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda?

Yes, only in the past month
Yes, only prior to the past month
Yes, both in the past month and prior to the past month
No

6h. Is it hard for you to recall some aspects of what transpired?

Yes
No

6i. Have you experienced mood changes or depression?

Yes, only in the past month
Yes, only prior to the past month
Yes, both in the past month and prior to the past month
No

6j. Have you experienced less interest or pleasure with important activities?

Yes, only in the past month
Yes, only prior to the past month
Yes, both in the past month and prior to the past month
No

6k. Have you experienced less interest or pleasure with important activities?

Yes, only in the past month
Yes, only prior to the past month
Yes, both in the past month and prior to the past month
No

6l. Have you felt irritable or angry?

Yes, only in the past month
Yes, only prior to the past month
Yes, both in the past month and prior to the past month
No

6m. Have you had difficulty concentrating?

Yes, only in the past month
Yes, only prior to the past month
Yes, both in the past month and prior to the past month
No

6n. Have you felt jumpy, overly alert, or easily startled?

Yes, only in the past month
Yes, only prior to the past month
Yes, both in the past month and prior to the past month
No

6o. Do you have trouble sleeping or bad dreams or nightmares?

Yes, only in the past month
Yes, only prior to the past month
Yes, both in the past month and prior to the past month
No

6p. Do you feel embarrassed, shame, or humiliated?

Yes, only in the past month
Yes, only prior to the past month
Yes, both in the past month and prior to the past month
No

6q. Do you have trouble making decisions?

Yes, only in the past month
Yes, only prior to the past month
Yes, both in the past month and prior to the past month
No

6r. Do you overuse drugs or alcohol?

Yes, only in the past month
Yes, only prior to the past month
Yes, both in the past month and prior to the past month
No

6s. Have you felt uncomfortable with your body or not cared for yourself as you should?

Yes, only in the past month
Yes, only prior to the past month
Yes, both in the past month and prior to the past month
No

6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)?

Headache/dizziness
High blood pressure
Chest pain or shortness of breath
Abdominal pain, nausea, reflux, ulcers, constipation
Fatigue or insomnia
Weight gain or weight loss
Numbness, loss of enjoyment in life, or loss of libido
Pain, trembling and/or nervous tics
I have not experienced any of these symptoms
Other:

(if you have not experienced physical symptoms, skip to question 6v)

6u. How severe were your physical symptoms?

mild

moderate
severe

6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda?

Yes
No

(if you answered no to question 6v, skip to question 6x)

6w. Please describe any treatment you received for symptoms arising from your experience with Dr. Akoda?

Therapy or counseling
Psychiatric medication
Non-psychiatric medication

6x. Please describe any psychiatric or medical diagnoses you have received that you believe are related to your experience with Dr. Akoda.

Depression (Major Depressive Disorder)
Anxiety (Anxiety Disorder)
PTSD (Post Traumatic Stress Disorder)
Alcohol or Drug Use (Substance Abuse Disorder)

7. Impact of your experience with Dr. Akoda on other aspects of your life.

7a. Has your experience with Dr. Akoda affected your trust in doctors?

Yes, it has led me to not trust doctors
No

7b. In what ways has your experience with Dr. Akoda affected your use of medical care?

(Check all that apply)

It has not affected my use of medical care.
It has changed how often I visit any doctor
It has changed how often I visit an ob/gyn
It has affected the types of medical specialists I will go to see
It has affected the medical choices or decisions I make
Other:

7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply)

It has not affected other parts of my life.
It has affected my relationship with my spouse or partner.
It has affected my relationships with my children
I am concerned about my daughter going to an ob/gyn
Other:

7d. Has your experience with Dr. Akoda affected your work life?

Yes
No

(If you answered no to Question 7d, skip to question 7f).

7e. In what way has your experience with Dr. Akoda affected your work life (Check all that apply)?

I was not able to go to work for awhile
I missed work deadlines
I was fired from my job
I quit my job
Other:

7f. Did your experience with Dr. Akoda affect your social life?

Yes
No

(If you answered no to Question 7f, skip question #7g)

7g. In what way did your experience with Dr. Akoda affected your social life? (Check all that apply)

I avoided friends, neighbors, and relatives.
I avoided certain types of social events.
I avoided certain neighborhoods and locations.
I didn't read my mail or email
I didn't return messages and phone calls.
I was afraid of or avoided leaving home.

8. Other factors that may influence how your experience with Dr. Akoda affected you.

These questions are very personal and may be difficult to answer, but they are important, so please try to answer as completely as possible.

8a. Have you ever been threatened by somebody?

No
Yes
Decline to answer

8b. Have you ever experienced or witnessed violence in your own home in years past?

No
Yes
Decline to answer

8c. Have you ever been forced to have sex or been threatened with violence if you didn't?

No
Yes
Decline to answer

8d. Have you ever been sexually abused in other ways?

No
Yes
Decline to answer
Other Type of Abuse Experienced:

Item # 82

9. Demographics

9a. Date of Birth

MM

YY

9b. Your marital status

single
married or in long-term relationship

9c. Is English your main language?

Yes
No

9d. Your ethnicity

African-American
Caucasian
Asian
Hispanic
Biracial
Mixed
Other

9e. When you were treated by Dr. Akoda, what type of health insurance did you have?

Medicaid
Private insurance
No insurance

Thank you for answering these questions. If you wish to say more about your experience with Dr. Akoda, you can write your statement here:

Statement:

Last Update

Start Time

Finish Time

IP

Browser

OS

Referrer